

# Oakland County

## Membership and Record Change Form

Act/Rsn \_\_\_\_\_ Mbr Chg \_\_\_\_\_

DPDT \_\_\_\_\_ DE \_\_\_\_\_

Check applicable box:

- Active Employee  
 Retiree

- Blue Preferred Plan (PPO)     Comprehensive Major Medical (CMM)     Blue Cross/BlueShield Vision  
 Blue Cross/Blue Shield     Health Alliance Plan (HAP)     DeltaUSA Dental

### PERSONAL INFORMATION:

Subscriber's Last Name                      Subscriber's First Name                      M.I.                      Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_

Check here if new address  SSN                      **EMPLOYEE ID#**                      Telephone: Home / Work

Home Address                      Street                      City                      State                      Zip

### ADD\* Members to contract (additions)

Event	Name (last, first)	Event Date	Date of Birth	SSN (Required)	Gender	HAP Physician Code
<input type="checkbox"/> Marriage to*						
<input type="checkbox"/> Birth of Child**						
<input type="checkbox"/> Stepchild**						
<input type="checkbox"/> Child by legal adoption**						
<input type="checkbox"/> Child by legal guardianship**						
<input type="checkbox"/> Other						
<input type="checkbox"/> Other						
<input type="checkbox"/> Other						

For any child named above, is there a court order saying which parent is responsible for providing health insurance? **If yes, attach a copy of the court order.**     Yes    If "YES", which parent?     Father  
 No     Mother

\*You must attach marriage license of spouse and/or birth certificate(s) of all children being added.

\*\*You must attach a copy of a birth certificate to add a child or the legal supporting documentation with this form which includes legal guardianship papers from Court Order. If you are adding a new spouse and their child(ren), you must include both marriage and birth certificates.

### REMOVE members from contract (deletions). Please fill out "Supplemental Form" for COBRA.

Event	Name (last, first)	Event Date	Relationship	Date of Birth	SSN (Required)	Gender
<input type="checkbox"/> Divorce from			<b>Spouse</b>			
<input type="checkbox"/> Death of Dependent						
<input type="checkbox"/> Dependent/Misc						
<input type="checkbox"/> Other						
<input type="checkbox"/> Other						

*I certify the above information is true and correct to my knowledge and belief. I have provided the required legal documents to add dependents to my coverage and certify that they do not have other coverage available through their own or their spouse's employer. Improperly enrolling or continuing coverage for an ineligible spouse or child may result in both recovery of improperly paid claims and potential disciplinary action, up to and including termination, if determined to be inaccurate.*

Subscriber's Signature \_\_\_\_\_

Date \_\_\_\_\_

### HR DEPARTMENT USE ONLY

Group Authorization Signature \_\_\_\_\_ Effective Date \_\_\_\_\_ Group/Suffix: \_\_\_\_\_

# INSTRUCTIONS

This form should be completed to report all membership and record changes to the Employee Benefits Unit. This form must be signed and dated within 30 days of the event with a copy of the required legal documentation.

## Request for Membership Change

### ADD MEMBERS TO CONTRACT

MARRIAGE	You may complete this form up to 30 days after the marriage. Coverage will be effective as of the date of the marriage. You must submit a copy of your marriage license with this form.
BIRTH OF CHILD	Report within 30 days of the birth date. A copy of the birth certificate is required with this form.
STEP-CHILD	You may complete this form up to 30 days after the marriage. A copy of the birth certificate(s) is required with this form as well as a copy of the marriage license of your spouse.
CHILD BY LEGAL ADOPTION	Report within 30 days of the date of petition or date child takes up residence, whichever is later. A copy of the legal documentation is required with this form.
CHILD BY LEGAL GUARDIANSHIP/WARD	Report within 30 days of the date of petition or date child takes up residence, whichever is later. A copy of the legal documentation is required with this form.
OTHER	Use this area for requesting the addition of any other eligible dependent not listed above then complete the "additional information" section described below and include required supporting documentation. You may also use this space to add additional dependents from above.

### REMOVE MEMBERS FROM CONTRACT

DEATH OF DEPENDENT	Give the name of the deceased dependent and date of death.
DIVORCE FROM	Give the name of the divorced spouse and date of divorce. Under "additional information" indicate if coverage for the child(ren) is to be continued on the subscriber's contract or on a contract issued to the divorced spouse. Be sure to include the social security number and address of the divorced spouse on the "supplemental" form.
DEPENDENT/MISC	Use this for dependents that get married, obtain other coverage, no longer meet eligibility requirements, etc. Please complete "supplemental" form.
OTHER	Use this area for requesting the deletion of any other (or additional) dependent not covered above. Then complete the "supplemental" form.

## Request for Record Change

CHANGE OF NAME	Enter the new name. The former name should be entered on the top line of the form.
ADDITIONAL INFORMATION	Use this space to include the names, addresses, social security numbers and other information specifically requested under other areas in this section.